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| PICK-UP                 | WAIT                | MAIL            |
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| Certified Copies        | Certificates        | of Status       |
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| Special Instructions to | Filing Officer:     |                 |
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# TRANSMITTAL LETTER

| TO: Registration Sect<br>Division of Corpo        | ion<br>orations                               |  |  |  |
|---|---|--|--|--|
| SUBJECT: Wind Ti                                  | UCKING, LLC<br>(Name of Limited               | Liability Company)   | ,  |  |
| The enclosed Articles of C                        | Organization and fee(s) are su                | bmitted for filing.  |  |  |
| Please return all correspon                       | dence concerning this matter                  | to the following:  |  |  |
| St  | ganel Robinson                                | ame of Person)   |  |  |
| win   | d Trucking 111 C                              | ,<br>irm/Company)  |  |  |
| _13503.10   | ike cawood drive                              | (Address)  |  |  |
| Wimpermore, FL 34786<br>(City/State and Zip Code) |   |  |  |  |
| For further information co                        | oncerning this matter, please o               | all:   |  |  |
| Shonel Rohins                                     | DY) f Person)                                 | at ( <u>407</u> ) <u>230-6</u><br>(Area Code & Daytime Te            | eb5 <br>lephone Number)  |  |
| Enclosed is a check for                           | the following amount:                         |  |  |  |
|   | □ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
|   |   |  |  |  |

## STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |   |   | MAIN                              |
|---|---|---|-----------------------------------|
| Wind Trucking, LLC  |   |   |                                   |
| ARTICLE II - Address: The mailing address and street address of the pri   | ncipal office of the Limited Li   | ability Con                               | npany is:                         |
| Principal Office Address:   | Mailing Address:  |   |                                   |
| 13503 Inte coward drive windermere, FL 34786  | 13503 lake cawood drive windermore, FL 34786  | 2<br>                                     |                                   |
| ARTICLE III - Registered Agent, Registered  | Office, & Registered Agent's  | Signature                                 | ð <b>:</b>                        |
| The name and the Florida street address of the re   | gistered agent are:   |   |                                   |
|   | ess (P.O. Box NOT acceptable)   |   |                                   |
| <u> WINGORMORE</u> ,<br>City, State, an   | <u>FL 34786</u><br>nd Zip   |   |                                   |
| Having been named as registered agent and to a<br>liability company at the place designated in th<br>registered agent and agree to act in this capacity.<br>statutes relating to the proper and complete per<br>accept the obligations of my position as regist | is certificate, I hereby accept th<br>I further agree to comply with<br>formance of my duties, and I an | e appointm<br>the provisi<br>n familiar v | ent as<br>ions of all<br>vith and |
| Registered Agent's  | Signature   | SLUBE ZZ<br>TALLAHASSE                    |                                   |
| (CONTINU  | (ED)  | AHII: 20                                  | m                                 |
| Page 1 of 2   |   | 20<br>310/A                               |                                   |

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGIZM Stand Robinson 13503 lake Calion drive Wirnermore, FL 34186

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Shanel Robinson
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)